

## **Black River Environmental Health Services**

900 Oakesdale Avenue SW Renton, WA 98057

206-296-4932 Fax 206-296-4919

TTY Relay: 711

www.kingcounty.gov/health

## The On-Site Sewage Inspection Rebate Program – How it Works

Public Health Seattle King County (PHSKC) now has grant funds from the Washington State Department of Health to offer a limited number of \$100 rebates for septic system inspections and/or the installation of inspection ports and/or preparation of a record drawing of the septic system if necessary. To participate you need to:

- 1. Have a private residence in the Vashon-Maury Island Marine Recovery Area.
- 2. Have the eligible work performed by a PHSKC certified maintenance provider (call 206-296-4932 or <a href="http://www.kingcounty.gov/healthservices/health/ehs/wastewater/pros/list.aspx">http://www.kingcounty.gov/healthservices/health/ehs/wastewater/pros/list.aspx</a>
- 3. Pay for the services and keep your receipt paid invoice.
- 4. Submit this application with documentation of the work done to PHSKC.
- 5. Applications will be processed for payment at the end of each fiscal quarter.

## **Conditions that Apply:**

- 1. One rebate per inspection and/or installation of inspection port and/or preparation of record drawing if necessary; up to \$300 per property.
- 2. Rebate for work done only after July 1, 2010.
- 3. Rebate not allowed for pumping of tanks.
- 4. For private residences only.
- 5. Rebates will be funded in the order received; first come first paid up to the limit of available grant funding.

## Application Form:

Phone:

Piease	provide all of the following information to qualify for the PHSKC Repate Program:
•	Copy of the paid invoice(s) / receipt(s)
	Inspection done by PHSKC certified maintenance provider

• Ins	spection done by PHSKC certified maintenance provider				
	o Company Name				
	o Date of Work				
• Ins	spection port lid and rise installed by PHSKC certified maintenance provide				
	o Company Name				
	o Date of Work				
• Re	cord drawing prepared by PHSKC certified maintenance provider				
	o Company Name				
	o Date of Work				
You're Na	ame:				
Site Addr	ess:				
Mailing Address:					

Mail Completed Application to: PHSKC Community Environmental Health 900 Oakesdale Avenue Southwest, Ste 100

\_\_\_\_ Email \_

Renton, WA 98057-5205

PHSKC Use Only	y – Date Received	Refund Approved by	<i>'</i> Date
----------------	-------------------	--------------------	---------------